



**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**  
*We Protect Hoosiers and Our Environment.*

100 N. Senate Avenue • Indianapolis, IN 46204  
(800) 451-6027 • (317) 232-8603 • [www.idem.IN.gov](http://www.idem.IN.gov)

Eric J. Holcomb  
Governor

Bruno L. Pigott  
Commissioner

67-02/bpace  
Troy Smith  
IWM Consulting Group, LLC  
7428 Rockville Road  
Indianapolis, IN 46214

JAN 26 2017

Re: Excess Liability Trust Fund Claim  
Fuels Plus - Former Clark Station No 1112  
ELTF # 200804507 FID # 2874  
Michigan City, Laporte County  
Invoice Number: 200804507-42

Dear Mr. Smith:

On January 9, 2017, the Excess Liability Trust Fund Section (ELTF) received your application for reimbursement from the Fund. According to our records, the ELTF file on your occurrence contains the following information:

<b>ELTF Submittal Number:</b>	<b>42</b>
<b>Total Deductible:</b>	<b>\$25,000.00</b>
<b>Amount of Deductible Previously Met:</b>	<b>\$25,000.00</b>
<b>Amount of Deductible Met (this claim):</b>	<b>\$0.00</b>
<b>UST Fee Reimbursement Percentage:</b>	<b>100%</b>
<b>Total Amount Previously Reimbursed:</b>	<b>\$715,086.82</b>

**Technical Determinations**

Corrective Action Plan approved on October 23, 2013.

**ELTF Eligibility Status**

At present, this site is eligible for reimbursement from the ELTF for eligible costs associated with site characterization and corrective action work only.

<b>Your claim was submitted for:</b>	<b>\$73,313.59</b>
<b>After review, your claim has been reimbursed for:</b>	<b>\$0.00</b>

**Your claim application has been denied in full for the following reasons:**

**The claim application has been denied at the request of the applicant.**

**The claim does not contain complete and/or accurate information. The claim is for a facility not associated with this LUST Incident number.**

**Individual costs submitted in this application have not been reviewed for reimbursement. These costs will be reviewed when resubmitted.**

The Excess Liability Trust Fund (ELTF) staff receives many claims with incorrect and/or incomplete information. Tracking down corrections takes valuable staff time, which should be used reviewing other claims with eligible reimbursement costs. Staff members perform an initial administrative review of each claim application that arrives to determine if it meets the minimum administrative requirements for a claim.

If a claim fails this initial administrative review, the application will be denied in full without a review of submitted costs. **Staff will not review any costs or look for other missing backup documentation if a claim is found deficient by administrative review.** Since costs have not been reviewed, missing back up documentation has not been identified. This includes, but is not limited to, well/boring logs, chain of custody for samples, suppliers' receipts or invoices, timesheets, signed waste manifests, request for proposal and submitted bids, and lodging receipts.

**Please note:** A claim application may be denied in full on a subsequent submittal if administrative deficiencies are not corrected or additional administrative deficiencies are found during ELTF's administrative review. A denial of a claim for administrative deficiencies will not count as a denial of costs or against the three submittal limit of 328 IAC 1-5-1(d).

It is the applicant's responsibility to verify that all submitted costs are accurate and correct. When resubmitting any denied costs, please review and follow the instructions in the application package. All claim applications, even those with resubmitted costs will be subject to the initial administrative review.

Additional issues that will result in a complete claim application denial include the following:

**Inaccurate Information**

- The Federal tax identification number and/or name and address of the applicant either are not on file or do not match the information on file with the state auditor's office.
- The application and its associated costs appear to be related to several incidents. The same incident number must appear on the application, affidavit, invoice summary, all pay requests and documentation substantiating costs.
- The total of the submitted pay requests (including the pay requests for resubmitted costs) does not equal the total costs listed on the application.

**Incomplete Information**

- The claim application is not the current version: State Form 47139 (R14/6-16).
- The claim application is not complete (for example, city, state missing).
- The applicant's signature is missing , or it is not an original signature.
- The affidavit form is altered or is not complete.
- The affiant's signature on the affidavit is missing, or it is not an original signature.
- The affidavit has not been notarized, and / or it does not have a legible notary
- The invoice summary is missing.
- The claim application package needs a Power of Attorney or an Assignment of Rights.
- The claim does not meet the submittal guidelines for an ELTF claim found at [www.idem.in.gov/6578.htm](http://www.idem.in.gov/6578.htm) (i.e., disc not submitted; complete claim not on submitted disc; all backup information not on submitted disc).

**Inconsistencies with 328 IAC 1-3-5**

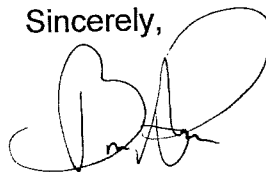
- The claim consists of only resubmitted costs and is not a final claim identified as such.
- The claim is a duplicate of Claim # \_\_\_\_\_.
- The claim totals less than \$5,000.00 and meets none of the exceptions listed in the rule.

**Inconsistencies with the ELTF Application Package Instructions**

- The LUST incident is not currently eligible for reimbursement from the ELTF.
- The LUST incident does not have the necessary technical approval(s) for reimbursement of the costs claimed.

If you have any further questions, please contact Jeff Scull at (317) 234-0990.

Sincerely,



Brian A. Pace, Chief  
Excess Liability Trust Fund Claims Section  
Underground Storage Tank Branch  
Office of Land Quality

BAP/rgw/jws

**Indiana Department of Environmental Management  
Excess Liability Trust Fund  
Claim Summary**

**Incident Number: 200804507**

**ELF Number:** 200804507  
**Claim Number:** 42  
**FAC ID:** 7029

**Date Received:** 01/09/2017  
**Claim Type:** Subsequent  
**Prev. Assignment:** Jeff Scull

**Target Date:** 03/10/2017  
**Tank Fee %:** 100.00  
**Eligibility:** Eligible

**Site Information**

**Site Name:** VP #481  
**Site Address:** 1001 N Rural St, Indianapolis, IN 46201, Marion County

**Release Reporting**

**Incident Report Received:** 05/01/2008  
**Spill Report Received:**

<u>Associated Incident Numbers</u>	<u>Priority</u>	<u>Resp Staff</u>
200804507 Eligible	Medium	Amy Elliott

**Technical Determinations**

<u>Milestone</u>	<u>Date</u>
9085 - SITE CHARACTERIZATION APPROVED	03/26/2012
9290 - CAP APPROVED	12/07/2012
9290 - CAP APPROVED	10/23/2013
9292 - CAP IMPLEMENTATION REPORT APPROVED	04/10/2015
9292 - CAP IMPLEMENTATION REPORT APPROVED	08/14/2015

**Deductible and Claim Information**

**Deductible Amount:** \$25,000.00

**Remaining Deductible to be Met:** \$0.00

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
ELTF Program Complete Claim Denial QC Checklist**

ELTF NUMBER:

200804507-42

FAC ID:

2874

Reason(s) for Denial:

The claim application has been denied at the request of the applicant.

The claim does not contain complete and/or accurate information. The claim is for a facility not associated with this LUST Incident number.

**Electronic and Hard Copy Data Packages**

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Application Denial Template used for electronic data package

"ELTF Submittal Number" is the incident number and number of the claim (eg, 123456789-00)

**Data Tab**

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Name

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
-------------------------------------	-------------------------------------

ELTF Invoice Number

Address

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
-------------------------------------	-------------------------------------

FAC ID

Zip Code

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
-------------------------------------	-------------------------------------

City, County

Contact (Attn:)

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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Date Claim Received

Site Name

*actually for another site, Fuels Plus in Laporte*

Cost Review Contact Name / Phone Number

Tax ID Number verified in Encompass (check from application) -01

Verify reimbursement letter has same amount as data tab.

**Worksheet and ULCERS**

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Update ULCERS as usual.

ULCERS notes updated - in Stages and in "LUST" Notes (if needed).

Update and print master notes. (last page of notes "most recent" only)

Print reimbursement tab letter and include in folder.

**ELTF file arranged and ordered as follows in folder**

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Denial letter on top (loose)

Denial QC sheet (loose)

Triage QC sheet (loose)

Master notes (loose)

Claim Summary (clipped)

Application and supporting docs (clipped)

All other supporting docs (clipped)

Cost Reviewer:

*Mason Bull*

Peer Reviewer:

*Krista Wilkins*

Sr/Tech Reviewer:

*Krista Wilkins*

Date:

*1/19/17*

Date:

*1/20/17*

Date:

*1/20/17*

**Indiana Department of Environmental Management**

**ELTF Claim Preparation QC Checklist**

<input type="checkbox"/>	<b>Internal</b>
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**Claim Preparation**

**Original signature present on application**

☒

**Federal Tax Identification number is filled in and verified in Encompass**

☒

-01

**Proper proof of payment provided with application:**

Signed and notarized affidavit

☒

Photocopied affidavit (acceptable for resubmittals only)

☐

Copies of fronts and backs of cancelled checks

☐

Electronic payments (bank statements, debits)

☐

Power of Attorney included if signator is not the owner/operator

☐

Assignment of rights document included if payment is made to someone other than owner/operator

☐

**Reviewer check-in and start date**

**Application properly staged into tracking databases:**

Date received

☒

Amount Requested

☒

Status to "Incomplete"

☒

**Appropriate loose file technical documents included in file**

☒

**Peruse types of costs submitted and check ULCERS to see if appropriate technical document has been approved**

☒

**Verify Name, Address, Tax ID in Encompass**

☒

-01

**Verify that steps in receiving stage have been completed**

☒

**Verify that Incident # on application matches that on pay requests**

☒

**Claim Processing Tracking Section**

Stage	Initials	Date Completed
Claim Check-In and PREP Date	SS	1 / 11 / 17
Triage and Data Package Prepped	JWS	1 / 19 / 17
Cost Reviewer Check-In and START Date	JWS	1 / 19 / 17
Cost Review COMPLETE	JWS	1 / 19 / 17
Peer QC (FINAL QC)	RW	1 / 20 / 17
FINAL APPROVAL	RW	1 / 20 / 17

C (X)

Words in ALL CAPS above match the stages tabs in ULCERS



# EXCESS LIABILITY TRUST FUND APPLICATION

State Form 47139 (R14 / 6-16)  
Indiana Department of Environmental Management

## TO BE COMPLETED BY IDEM

Date Submitted (month/day/year)

1-09-2017

ELTF Control Number

200804507-42

**INSTRUCTIONS:** This form should be submitted when applying for a reimbursement request or a resubmittal of reimbursement request. Another form is available for ELTF Eligibility Requests. **Please click on the link below to view the most recent submittal instructions.** Applications will not be processed that contain incomplete information (all fields on this application must be completed) or do not contain the required forms/pages as described in the INSTRUCTIONS for completing the application. **Do not include social security numbers on any supporting backup documentation.**

[http://idem.in.gov/files/forms\\_elft\\_claim\\_instructions.doc](http://idem.in.gov/files/forms_elft_claim_instructions.doc)

## TO BE COMPLETED BY APPLICANT

### SECTION 1 - APPLICANT INFORMATION

Name of Applicant		Please enter a Tax ID Number or Social Security Number	
IWM Consulting Group, LLC		Tax ID Number:	760819743
Mailing Address of Applicant (number and street)	City, State (Abbr.) ZIP Code	SSN:	
7428 Rockville Road	Indianapolis, IN 46214		
Name of Second Party for Joint Check (if applicable). Check will be issued to applicant and party listed below, and mailed to the above address.			
Name of Contact Person Concerning Claim Issues	Contact Company Name	Contact Telephone Number (with area code)	
Brad Gentry	IWM Consulting Group, LLC	317-347-1111	
Contact E-mail Address	Social Security Number Included in Backup Documents?		
bgentry@iwmconsult.com	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was there Private Insurance that may cover this Release?	Name of Insurance Company	Policy number	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

### SECTION 2 - SITE INFORMATION

Facility Identification Number	Date Incident Reported to IDEM (month/day/year)	LUST Incident Number
2874	8/1/1996	200804507
Name of Facility	IDEM Project Manager	County Where Facility Is Located
Fuels Plus - Former Clark Station No 1112	Loic Manjet	Laporte
Address of Facility (NOTE: enter 911 street address.)	City, State (Abbr.) ZIP Code	
4341 South Franklin Street	Michigan City, IN 46360	

### SECTION 3 - REIMBURSEMENT REQUESTS

Request Covers Work Performed During the Following Period (month/day/year)	From:	To:
	8/2/2016	1/3/2017
Type of Work Performed:		
<input type="checkbox"/> Investigation <input checked="" type="checkbox"/> CAP <input type="checkbox"/> Quarterly Monitoring <input type="checkbox"/> NFA <input type="checkbox"/> Emergency Response		

Identify the Type of Claim Application:

- ☐ Initial Dollar Claim Application (This is the first request for payment from the ELTF.)
- ☒ Subsequent Claim Application (One or more claims have been submitted to the ELTF. None of the costs requested in this claim application have been previously submitted.)
- ☐ Subsequent Claim Application and Resubmittal of Denied Costs (This claim application includes new costs and costs that have been denied by the IDEM. The portion of the claim that was previously submitted must be identified below as being previously submitted and include the dollar value of the original claim.)

Original Amount Requested:

Claim Number Assigned By IDEM:

- ☐ Complete Claim Resubmittal (A claim was submitted to IDEM and was denied in full. To have a previously denied claim reevaluated, a new application for each claim must be submitted, that includes the amount of the original request, and the claim number assigned by IDEM. (See instructions.)

Original Amount Requested for Denied Costs:

Claim Number Assigned By IDEM:

- ☐ Third Party Claim (If you have been held responsible for damages to a third party and are submitting the judgment or settlement agreement for reimbursement as a third party claim. Please submit proof that a copy of this claim has been sent to the Indiana Attorney General.)
- ☐ Final Claim (This is for the last claim submitted after the NFA has been issued.)

Enter the Total Costs for the Claim from the Attached "Pay Requests" (including resubmitted costs if applicable)

\$ 73,313.59

Enter the Total Resubmitted Costs (if applicable)

\$

ELT 01/09/17 07:00:40

IDEM Date Stamp



## EXCESS LIABILITY TRUST FUND APPLICATION

State Form 47139 (R14 / 6-16)  
Indiana Department of Environmental Management

### TO BE COMPLETED BY IDEM

Date Submitted (month/day/year)

ELTF Control Number

### TO BE COMPLETED BY APPLICANT (continued)

Most Recent Technical Determination (check one):

- ☐ Emergency Measures (Attach a completed "Confirmation of Emergency Response Status" form signed by the IDEM project manager, or the IDEM Emergency Response On-Scene Coordinator.)
- ☐ Site Characterization Performed in Accordance with the UST Guidance Manual and 329 IAC 9-5 (Attach a copy of the letter from IDEM stating that the site is fully characterized.)
- ☐ Approved CAP (Attach a copy of your "Corrective Action Plan Approval" letter from the IDEM.)
- ☒ Approved CAP Implementation (Attach a copy of your "Corrective Action Plan Implementation Approval" letter from the IDEM if available.)
- ☐ No Further Action required (Attach a copy of your "No Further Action" letter from the IDEM.)
- ☐ Site Conditions Do Not Warrant Preparation of a CAP (You must provide documentation that IDEM has determined that a CAP should not be prepared. Please contact the IDEM project manager.)

### SECTION 4 - SIGNATURE OF UST OWNER, UST OPERATOR, PROPERTY OWNER, ATTORNEY IN FACT, AND/OR ASSIGNEE OF RIGHTS

I swear or affirm to the best of my knowledge and belief that the costs presented herein represent the reimbursable costs actually incurred in the performance of site characterization or corrective action related to this site during the period of time indicated on this application. I swear or affirm that all charges presented as part of this application were necessary to the performance of site characterization or corrective action. I also swear that I have not altered the calculations in this electronic form. I understand that pursuant to Indiana Code 13-23-9-6, I may be subject to criminal prosecution for submitting false and/or inaccurate information on this application.

In accordance with 328 IAC 1-3-1(a), the applicant must be a UST owner, UST operator, subsequent property owner, or person assigned the right of reimbursement. In accordance with 328 IAC 1-5-1(b), the assignor of rights (UST owner, UST operator, property owner, or attorney in fact) must sign the application in addition to the assignee of rights. Persons that have been assigned rights and also have appropriate power of attorney should sign both signature blocks.

Signature of Assignee of Rights		Date Signed (month/day/year)	
Troy Smith		1/4/2017	
Mr./Ms. Mr.	Print Name Troy Smith	Title President	Company IWM Consulting Group, LLC
Signature of UST Owner, UST Operator, Property Owner, or Attorney In Fact		Date Signed (month/day/year)	
Troy Smith		1/4/2017	
Mr./Ms. Mr.	Print Name Troy Smith	Title Attorney In Fact	Company IWM Consulting Group, LLC

If applicable, a copy of the signed Assignment of Rights under 328 IAC 1-3-1 must be attached. If applicable, a copy of the signed Power of Attorney must also be attached. If the Assignment of Rights or the Power of Attorney has been modified or amended, a current copy must be attached.

**MAILING INSTRUCTIONS:** Please mail one single-sided paper copy (including a printout of this application and all back up information) and one CD or DVD with a PDF file (exact match of paper copy) and Excel file (.XLS) with the application information to the following address:

Indiana Department of Environmental Management  
Excess Liability Trust Fund  
100 North Senate Avenue, Room 1101  
Indianapolis, IN 46204-2251



**THE INDIANA UNDERGROUND STORAGE TANK  
EXCESS LIABILITY TRUST FUND**

STATE OF Indiana

COUNTY OF Marion } SS:

AFFIDAVIT REGARDING PAYMENT OF COSTS

INCIDENT NUMBER: 200804507

I, Troy Smith, being of sound mind and majority, and being duly cautioned and sworn in accordance with law (*in accordance with IC 13-23-9-6, I may be subject to criminal prosecution for the knowing and intentional submission of false statements in this affidavit*), make the following statement based upon personal information and under penalty of perjury:


1. I certify that I am the applicant or that I have been duly authorized to sign this affidavit on behalf of the applicant submitting a claim for the qualifying occurrence listed above to the Indiana Excess Liability Trust Fund. I have obtained all necessary or applicable approvals for such authorization.

2. **Per 328 IAC 1-3-5**, all costs incurred and/or paid for work performed in the identified claim are reflected in the attached invoice summary listing and pay requests. All costs reflected in the attached invoice summary listing and pay requests were incurred and/or paid for corrective action related to the incident specified above.

**Per 328 IAC 1-5-1 (c)**, proof of payment documentation is and will be maintained on file for a minimum of four (4) years after the date the application for payment was submitted or four (4) years after completion of corrective action, whichever is later.\*

**Credits, rebates, refunds** or other similar payments or inducements made to the owner/operator or received by the owner/operator or applicant have been subtracted from the costs submitted for reimbursement.

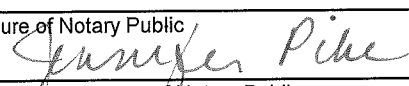
3. The following is a correct business address and telephone number at which I can be reached:

Company IWM Consulting Group, LLC	Title President	E-mail Address tsmith@iwmconsult.com
Address (number and street or rural route) 7428 Rockville Road		Telephone number 317-347-1111
City Indianapolis	State IN	ZIP code 46214
Signature of affiant 		Date signed (month/day/year) 1/4/2017

STATE OF Indiana

COUNTY OF Marion } SS:

Sworn to and subscribed in my presence this 4th day of January, 20 17

Signature of Notary Public 	County of residence Hancock
Printed or typed name of Notary Public Jennifer Pike	Date commission expires (month/day/year) 10/14/2022

\* The Indiana Department of Environmental Management reserves the right to require cancelled checks as proof of payment at any time.

This form may not be altered. The Indiana Department of Environmental Management reserves the right to deny any application that is submitted with an altered affidavit.

The Notary Seal must be included and must be legible when copied.

